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PTO/SB/01 (12-97)
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	CIR-990826
	First Named Inventor	Miller
	COMPLETE IF KNOWN	
	Application Number	09 / 384,926
	Filing Date	August 26, 1999
	Group Art Unit	2713
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAL IMAGING INSTRUMENTS, SYSTEMS AND METHODS

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **08/26/1999** as United States Application Number or PCT International Application Number **09/384,926** and was amended on (MM/DD/YYYY) **08/26/1999** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

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(Page 1 of 2)

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
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08/791,637	01/31/1997	

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☐ Customer Number

☒ OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Michael E. Schmitt	36,921		
Bradley M. Ganz	34,170		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label



☒ Correspondence address below

022874

Name	Michael E. Schmitt				
Address	P.O. Box 10105				
Address					
City	Portland	State	OR	ZIP	97296
Country	USA	Telephone	503.297.8699	Fax	508.355.6127

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Frank D.	D'Amelio

Inventor's Signature				Date	Nov/1/1999
Residence: City	Los Olivos	State	CA	Country	USA

Post Office Address	2813 Gaviota St.				
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Post Office Address	POB 122				
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City	Los Olivos	State	CA	ZIP	93442	Country	USA
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Erhan				Gunday			
Inventor's Signature	<i>Erhan Gunday</i>					11-2-99	Date
Residence: City	Santa Barbara	State	CA	Country	USA	Citizenship	USA
Post Office Address 927 Medio Road							
Post Office Address							
City	Santa Barbara	State	CA	ZIP	93103	Country	USA

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Hartloff			
Inventor's Signature	<i>Paul M. Hartloff</i>					11/2/99	Date
Residence: City	Ventura	State	CA	Country	USA	Citizenship	USA
Post Office Address 2337 Pima Lane							
Post Office Address							
City	Ventura	State	CA	ZIP	93001	Country	USA

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Abraham				Kotlyar			
Inventor's Signature						Date	
Residence: City	Los Angeles	State	CA	Country	USA	Citizenship	USA
Post Office Address 8002 Hollywood Way							
Post Office Address							
City	Los Angeles	State	CA	ZIP	91352	Country	USA

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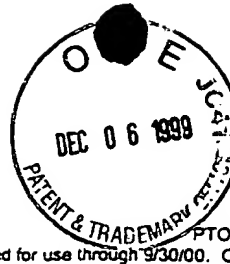
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Given Name (first and middle (if any))				Family Name or Surname			
Frederick A.				Miller			
Inventor's Signature						Date	
Residence: City	Camarillo	State	CA	Country	USA	Citizenship	USA
Post Office Address	989 Garrido Drive						
Post Office Address							
City	Camarillo	State	CA	ZIP	93010	Country	USA
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Inventor's Signature						Date	
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Bradley M. Ganz	34,170		

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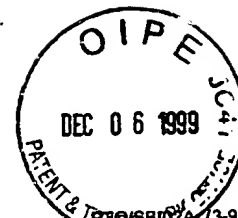
Name	Michael E. Schmitt					022874	
Address	P.O. Box 10105					PATENT TRADEMARK OFFICE	
Address							
City	Portland	State	OR	ZIP	97296		
Country	USA	Telephone	503.297.8699		Fax	508.355.6127	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
Frank D.				D'Amelio			
Inventor's Signature						Date	Nov 1 1999
Residence: City	Los Olivos	State	CA	Country	USA	Citizenship	USA
Post Office Address	2813 Gaviota St.						
Post Office Address	POB 122						
City	Los Olivos	State	CA	ZIP	93442	Country	USA

☐ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Erhan				Gunday			
Inventor's Signature						Date	11-2-99
Residence: City	Santa Barbara	State	CA	Country	USA	Citizenship	USA
Post Office Address	927 Medio Road						
Post Office Address							
City	Santa Barbara	State	CA	ZIP	93103	Country	USA
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Abraham				Kotlyar			
Inventor's Signature						Date	11-05-1999
Residence: City	Los Angeles	State	CA	Country	USA	Citizenship	USA
Post Office Address	8002 Hollywood Way						
Post Office Address							
City	Los Angeles	State	CA	ZIP	91352	Country	USA

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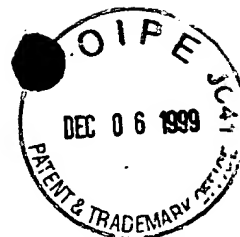
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Supplemental Sheet
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Frank D.	D'Amelio

Inventor's Signature	Date		
	Nov 1 1999		
Residence: City	State	Country	Citizenship
Los Olivos	CA	USA	USA

Post Office Address	2813 Gaviota St.		
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Los Olivos	CA	93442	USA

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Erhan				Gunday			
Inventor's Signature	<i>Erhan Gunday</i>				Date	11-2-99	
Residence: City	Santa Barbara	State	CA	Country	USA	Citizenship	USA
Post Office Address	927 Medio Road						
Post Office Address							
City	Santa Barbara	State	CA	ZIP	93103	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Hartloff			
Inventor's Signature	<i>Paul M. Hartloff</i>				Date	11/2/99	
Residence: City	Ventura	State	CA	Country	USA	Citizenship	USA
Post Office Address	2337 Pima Lane						
Post Office Address							
City	Ventura	State	CA	ZIP	93001	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Abraham				Kotlyar			
Inventor's Signature					Date		
Residence: City	Los Angeles	State	CA	Country	USA	Citizenship	USA
Post Office Address	8002 Hollywood Way						
Post Office Address							
City	Los Angeles	State	CA	ZIP	91352	Country	USA

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Frederick A.				Miller			
Inventor's Signature	<i>Frederick A. Miller</i>					<i>11-10-99</i>	Date
Residence: City	Camarillo	State	CA	Country	USA	Citizenship	USA
Post Office Address	989 Garrido Drive						
Post Office Address							
City	Camarillo	State	CA	ZIP	93010	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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